

MATERNAL CHILD HEALTH NEWSLETTER

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES ★ Health.Mo.Gov ★ VOLUME 2 ★ ISSUE 2

MCH Director Communiqué

Life expectancy is a key indicator of the overall health of a population, but it is often said that the infant mortality rate (IMR) is the most important indicator of the overall health of a society, reflecting the social, economic and environmental conditions in which children, families and communities live. If the IMR is the most important indicator of the overall health of a society, why is so much focus currently on maternal mortality? Maternal mortality is the most prominent risk factor for infant mortality, both as a result of direct (e.g., disease transmission, high blood pressure during pregnancy, tobacco, alcohol and substance use, late prenatal care, preterm birth, etc.) and indirect (e.g., loss of primary caregiver, lost household income, etc.) impacts. It is also widely accepted as another key indicator of population health and socioeconomic development.

Maternal mortality is a reflection of the health system as a whole and illustrates the sociocultural, political and economic philosophies of a society. According to [Missouri's 2020 Annual Maternal Mortality Report](#), published in 2023, from 2018-2020, 210 women died while pregnant or within one year of pregnancy, an average of 70 women each year, with the highest number recorded in 2020 (85 deaths total). Comprehensive review of the deaths showed 75% of pregnancy-related deaths were determined to be preventable, and the greatest proportion of pregnancy-related deaths occurred between 43 days and one year after pregnancy. Mental health conditions and cardiovascular disease were the leading underlying causes of pregnancy-related deaths.

The true cost of maternal death is more than just a private tragedy – it has long-term social and economic implications, for the family, the wider community and the nation. The loss of a mother's actual and potential income can severely undermine a family's ability to access basic

necessities, such as food, shelter and health care. Infants whose mothers die in childbirth are less likely to reach their first birthday. To ease the burden of care for other parents/caregivers, surviving children may be sent to live with other families, and this separation can damage family integrity and cause cross-generational risk factors, such as decreased educational attainment, marital instability and pervasive poverty.

Our vision is for Missouri to be the safest state in the country in which to become pregnant, give birth and raise children. Making this vision a reality will require bold, unprecedented action through a whole-of-government strategy, including coordinated efforts from multiple state agencies and community-based partners. Implementation of a new, comprehensive Maternal Mortality Prevention Plan and extension of Medicaid coverage for a full 12 months postpartum, along with continuation of existing state, regional and local initiatives to improve maternal health outcomes, will be essential to realizing our vision. Achieving the goals of ensuring all women are healthy and have access to comprehensive, quality healthcare before, during and after pregnancy; building a safe, high-quality, equitable system of care and services for all women during the perinatal period; and ensuring supportive community environments and contexts during every period of a woman's life so that the conditions and opportunities for health are always available will require simultaneous multi-sector transformation through multiple domains of action affecting maternal health. It is going to take all of us; by working together, we can create synergy, initiate meaningful, multilevel systems change, and achieve significant improvement in maternal health outcomes in Missouri. Are you with us?

Martha J. Smith, MSN, RN

Missouri MCH/Title V Director

PROGRAM HIGHLIGHTS

DHSS Staff Attend the 2023 AMCHP Conference

Eighteen Department of Health and Senior Services (DHSS) staff members attended the 2023 Association of Maternal and Child Health Programs (AMCHP) conference held in New Orleans, LA from May 6-9, 2023. The 2023 theme was "Cultivating Diverse Leaders in Maternal and Child Health" and attendees discussed strategies to grow MCH leaders who reflect the diversity of experiences, cultures, and abilities of the people they serve. Several staff members had the opportunity to share their work via workshops and poster presentations.

Andra Jungmeyer, State Adolescent Health Coordinator (SAHC), participated in two workshop sessions titled: "Supersizing the impact of your Adolescent Health workforce" and "MCH: The Next Generation; Seeking out Youth Voices to Boldly Grow". For the first presentation, she collaborated with other SAHCs to share the successes and challenges of integrating the SAHC role within the MCH team. Overall, the audience walked away with a continuum of tactics to help them be more assertive about integrating adolescent programs and strategies into the larger MCH vision. Sarah Vavaro and Alex Stevens from Columbia/Boone County Department of Public Health and Human Services joined Andra to share how youth advisors/advisory councils were added to the Adolescent Health Program contract. Sarah discussed how Columbia/Boone implemented the contract deliverable through hiring youth community health workers (CHW). Finally, Alex, one of the youth CHWs, spoke about her experience as a youth CHW and gave advice to other organizations who would like to replicate this process.

Martha Smith, Missouri MCH Director, collaborated with team members from the Association of State and

Territorial Health Officials (ASTHO) to share Missouri's progress in the Promoting Innovation in State and Territorial MCH Policy Making (PRISM) Learning Community and Policy Academy, which is facilitated by ASTHO and AMCHP. Martha shared how DHSS is collaborating with partners to advance policies and strategies to equitably address maternal substance use and mental health issues.

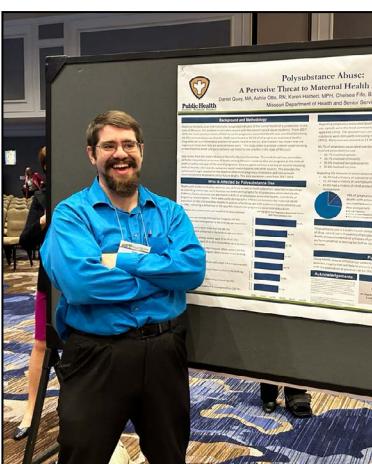
Daniel Quay, Senior Research/Data Analyst, presented a poster titled, "Polysubstance Use: A Pervasive Threat to Maternal Deaths in MO". Daniel discussed the intricate relationship between polysubstance abuse and pregnancy-related deaths in Missouri. Attendees walked away with knowledge on the trends and impact of polysubstance abuse and its correlation with a variety of social and emotional stressors. The poster was co-authored by Karen Harbert, Lead MCH Epidemiologist and Ashlie Otto, Maternal/Infant Mortality Coordinator.

Martha Smith and Nina Nganga, MCH Coordinator, joined the University of Missouri-Kansas City's Institute for Human Development team to present a poster titled, "Collaborating for Collective Impact: the Development of the Missouri Maternal Health Multi-Sector Action Network." The poster shared how the action network: 1) brought together over 200 stakeholders, 2) collected and analyzed data/information to inform priorities, 3) leveraged and connected existing MCH Initiatives, and 4) expanded mother involvement and leadership in MCH policy and systems change. An audio recording of this poster presentation will be made available on the Multisector Action Network website.

Program Highlights continued on page 3



Shanae Boone, Andra Jungmeyer and Alex Stevens



Daniel Quay



Martha Smith, Nina Nganga, Emma Sexton and Danielle Chiang

Missouri Legislature Passes Legislation to Address Maternal Health

According to the 2018-2020 Pregnancy-Associated Mortality Review (PAMR) annual report, an average of 70 Missouri women die while pregnant or within one year of pregnancy each year. During the 2023 legislative session, the Missouri legislature passed bills and approved budget items that will advance maternal health by improving access to care for pregnant and postpartum women. The bills were signed into law by Governor Parsons on July 6th. Specifically, [SB45](#) will extend MO HealthNet (Missouri Medicaid) coverage for low-income pregnant and postpartum women for the duration of the pregnancy through one year after birth. The PAMR report highlighted that women on Medicaid are more than 10 times more likely to die within one year of pregnancy than those with private insurance. Thus, women can now get access to physical and mental health services during the postpartum period, which is when the greatest proportion of pregnancy-related deaths occur.

Additionally, the legislature allocated \$4.35 million to the DHSS to implement a Maternal Mortality Prevention plan. Read more at [HB10](#), page 41. The plan will focus on addressing the following:

1. Develop and implement standardized maternal care protocols.
2. Develop and implement a perinatal health access project, inclusive of perinatal mental health.
3. Plan and develop standardized maternal care provider trainings focused on trauma-informed and culturally appropriate care as well as screening and treatment of cardiovascular disorders, mental health conditions, substance use disorders, and other health conditions during and after pregnancy.
4. Develop and implement a standardized postpartum plan of care template to optimize comprehensive postpartum care.
5. Advance data collection and transparency by developing a statewide MCH dashboard.

Save the Date!

Systems for Action: Investigating Systems Alignment of Multi-Sector Agencies to Address Child Maltreatment in St. Louis of Research

Oct. 25, 2023 - Virtual
11 a.m. - 12 p.m. CT

This study, funded as part of the Robert Wood Johnson Foundation's Systems for Action Research Program, tests an innovative model for preventing child maltreatment and adverse child experiences by aligning health and social services for vulnerable families in St. Louis. The Parents and Children Together - St. Louis initiative braids together services and funding streams from multiple sectors to assist families with children who are referred to child protective services for first-time and low-severity problems. Register [here](#).



PROGRAM SPOTLIGHT

Office of Epidemiology - Maternal Child Health Epidemiology Team

What does the Office of Epidemiology do?

The Office of Epidemiology (OOE) provides data, analytical and epidemiological support to a wide variety of programs throughout the DHSS. The OOE houses and manages several population based surveillance systems, many of which provide critical performance measures that often serve as the only data source for key health indicators impacting the health and well-being of Missourians. In addition, the OOE provides evaluation expertise for program planning, monitoring and continuous quality improvement.

The OOE sits within the Division of Community and Public Health (DCPH), along with many core MCH programs within the Title V MCH Block Grant, WIC and Nutrition Services, Office of Dental Health, Office on Women's Health, the Bureau of Genetics and Healthy Childhood, and the Bureau of Community Health and Wellness. This organizational structure allows for the integration of data collection, analysis and program services which ensures the OOE can provide data and analytical support to MCH-related programs. There is a team of eight people specifically dedicated to maternal child health. This team supports programs across DCPH including the PAMR, Title V MCH Block Grant, Early Hearing Detection & Intervention (EDHI), and Adolescent Health Program. It also provides data support to local public health agencies across the state.

Office of Epidemiology Staff



Taufa Ahmed
Research/Data Analyst



Leslie Decker
Research/Data Analyst



Lisa Giles
Epidemiologist



Karen Harbert
Lead Maternal-Child Health
Epidemiologist



Daniel Quay
Senior Research/Data Analyst



Andrew Schnabel
Research/Data Analyst



Shirley Veit
Administrative Support Assistant

continued on page 4

How do you support MCH-related programs/efforts?

The OOE provides on-going data on infant mortality, maternal mortality, preterm births, and prenatal care, and deliveries at risk appropriate hospitals. It also maintains public health surveillance systems, which collect information on health conditions and health related behaviors. This include the Pregnancy Risk Assessment Monitoring System (PRAMS), which collects data on health indicators around pregnancy, delivery, and early infancy. The MCH Epidemiology team coordinates the Five-Year Needs Assessment for the Title V MCH Block Grant. The goal of the needs assessment is to identify and contextualize areas of risk, progress, and ongoing need within the MCH population. Ultimately, the needs assessment permits the Title V MCH Block Grant to identify priorities that will guide funding and programmatic decisions and ensure the needs of the MCH population are met. Additionally, the team also contributes to the data-related sections of the Title V Annual Report and Application.

The OOE also works with a variety of surveillance systems that produce data evaluating the health of the broader Missouri population. These data systems include:

1. County Level Study: This detailed study provides prevalence estimates for all 114 Missouri counties and the City of St. Louis. 50,000 participants were asked questions on a variety of health-related topics including risk behaviors, cancer screening rates, COVID-related topics, nutrition and physical activity habits, tobacco and opioid use, and prevalence rates for multiple chronic diseases. A dashboard for this data is being developed.

2. Youth Risk Behavior Surveillance System: This survey tracks behaviors that can lead to poor health among students attending public school in grades 9 through 12. It includes data on a variety of indicators including seat belt use, experience with violence, and mental health.

3. Behavioral Risk Factor Surveillance System: A health-related survey that collects state-level data on topics such as health-related risk behaviors, chronic health conditions, and use of preventive services.

Data dissemination is also an important part of the team's efforts. The MCH Epidemiology team works on a variety of data-sharing products including dashboards, factsheets, reports, and infographics.

What is the MCH Epidemiology unit currently working on, and/or what do you hope to accomplish in the next year?

The team is working to develop additional dashboards for sharing MCH-related program information. Future products will be announced in this newsletter as they become available, so stay tuned! The group is also working on sharing analysis of MCH data in scholarly journals and at conferences, such as the 2023 AMCHP Conference. (See the Program Highlights section.)

Please share some highlights and/or success stories of the great work that the MCH Epidemiology unit has accomplished in the past year.

The team has developed a number of publicly available dashboards to make data more accessible. These include:

- Pregnancy Risk Assessment Monitoring System (PRAMS)
- Pregnancy-Associated Mortality Review (PAMR)
- Early Hearing Detection & Intervention (EHDI)
- Maternal Levels of Care

Maternal Child Health

Previous Newsletters



LEGISLATIVE UPDATE

The Missouri 2023 legislative session ended on May 12. Of the 2,251 bills filed by the members of the General Assembly, 58 were Truly Agreed To and Finally Passed (T AFP) and sent to the governor's desk. Out of the 59 T AFP bills, one was vetoed by the governor. Below are some T AFP bills and budget items passed during this session and signed by the governor.

- [HB115](#), [SB70](#) and [SB157](#): Modify provisions relating to licensing of health care professionals (Advanced Practice Registered Nurses (APRN), physician assistants, physical therapists, professional counselors, social workers, physicians).
- [SB 45](#), and [SB106](#): Modify provisions relating to health care including: the health care professional loans and grants, transitional benefits for public assistance programs (Temporary Assistance for Needy Families (TANF), the Supplemental Nutrition Assistance Program (SNAP), and child care), extension of MO HealthNet benefits for the duration of the pregnancy and for one year after birth, changes to the geographic proximity requirements for APRNs and physicians.
- The following line items were included in the state budget (House Bill 10):
 - \$4.35 million for maternal mortality prevention
 - \$500,000 for the Cora Faith Walker Doula Training Program
 - \$500,000 to continue contracting with a statewide non-profit to provide navigation services for breast cancer screening and treatment
 - \$225,000 to establish a contract with a non-profit to provide doula services
 - \$250,000 to establish a contract with a free clinic to provide prenatal care
 - \$700,000 to provide funds for the Elks Mobile Dental Clinic, which provides oral health services for children and adults with developmental and/or intellectual disabilities
 - Almost \$2.2 million in general revenue to continue with the implementation of a statewide telehealth network for forensic examination of victims of sexual offenses

For more information regarding the 2023 legislative session, visit the [House and Senate Bill Tracking webpage](#).

Join Our MCH Stakeholder Contact List

If you are not already on the Missouri Department of Health and Senior Services Maternal Child Health stakeholder contact list, we invite you to take a few minutes to complete the MCH stakeholder contact list survey.

The survey can be accessed [here](#).



MISSOURI DEPARTMENT OF
**HEALTH &
SENIOR SERVICES**



NEWS OF NOTE

Missouri's Maternal Mortality Report Published

The DHSS has published [A Multi Year Look at Maternal Mortality in Missouri: 2018-2020 Annual Report](#) on behalf of the state's Pregnancy-Associated Mortality Review (PAMR) Board. The report is an aggregate of three years' worth of work and is based on the most recent data available. Analysis of data and related patient records indicates the top causes of pregnancy-related death are mental health (including substance use disorders (SUD)), cardiovascular issues, and homicide.

The 2018-2020 annual report contains data, including the timing and leading causes of pregnancy-related deaths, and factors that contributed to these deaths, such as mental health conditions and SUD. The report also reflects the disparities that exist in our state and among our most vulnerable populations, including our Black and publicly insured communities.

DHSS Offers Two New Ways to Find Health Resources through TEL-LINK

The DHSS is excited to announce that [TEL-LINK](#) is now offering two new ways to find health resources. TEL-LINK, Missouri's toll free MCH hotline, provides confidential information and referrals on MCH services. The operators at TEL-LINK can provide information and referrals concerning a wide range of health services locally and statewide. Along with calling, TEL-LINK resources can now be provided by text message or through an online directory found [here](#). Missourians can call or text 800-TEL-LINK (800-835-5465), Monday through Friday, from 8:00 a.m. to 5:00 p.m. You can order TEL-LINK posters, magnets, or tear pads, by completing the online order form [here](#) or by calling TEL-LINK.



Syphilis Rates Continue to Rise Nationally and in Missouri

Per the Centers for Disease Control and Prevention (CDC), sexually transmitted disease ([STD](#)) rates are at an all-time high. Nationally, there has been a 74% increase in syphilis cases between 2016 and 2021. There were more than 2,800 congenital syphilis cases in 2021, with 220 resulting in stillbirths and infant deaths. Missouri has also been impacted by an increase in STD rates, especially syphilis and congenital syphilis. Between 2015 and 2021, the cases of congenital syphilis increased from two to 63.

[Syphilis](#) can cause serious health problems if it is not treated. A person can get syphilis by direct contact with a syphilis sore during vaginal, anal or oral sex. Each stage has different signs and symptoms. Syphilis can be treated and cured with antibiotics yet many cases go undiagnosed and untreated—leading to increased transmission and future negative health consequences.

Syphilis can spread from a mother to her unborn baby. Having syphilis during pregnancy can lead to low birth weight, pre-term birth and stillbirth. Regardless of perceived risk, all pregnant women should be screened for syphilis at their first prenatal visit, in the third trimester (28 weeks), and at delivery. No infant should leave the hospital without documentation of the mother's serological status at least once during pregnancy and preferably at delivery.

Condoms can help reduce the spread of syphilis by preventing contact with a syphilis sore, but these can sometimes occur in areas not covered by a condom. Contact with these sores can still transmit syphilis. The DHSS encourages regular and routine testing for STDs as Missouri continues to see a significant increase in syphilis. [Click here](#) to find an STD and HIV testing site near you.

continued on page 8

Tobacco is Changing: DHSS Launches Campaign Aimed at Parents of Teens

The DHSS launched a campaign, “Tobacco is changing,” aimed at educating parents about the different candy-flavored tobacco products tempting kids into addiction. The campaign highlights the reality of the ever changing tobacco landscape – especially when it comes to e-cigarettes. E-cigarettes now come in many shapes and can be disguised as smart watches and make-up compacts. They can even be hidden in hoodies and backpacks.

While traditional cigarette smoking rates have dropped, use of electronic smoking devices has skyrocketed among young people—exposing them to the dangers of nicotine, addiction, and a variety of new health risks. E-cigarettes continue to be the tobacco product of choice for teens. The 2021 Missouri Youth Risk Behavioral Survey shows that 40% of Missouri's high school students have tried an e-cigarette, and 19%, or close to one in five, have used an e-cigarette in the last 30 days. There are currently more high school students in Missouri using e-cigarettes than adults who smoke (17%).



When parents visit the [campaign page](#), they will find photos of e-cigarettes, little cigars and cigarillos, menthol tobacco products, and even new smokeless tobacco products like toothpicks. In addition, parents can get information on tobacco industry tactics like flavors and packaging, how to talk to their children about tobacco and actions they can take to reduce youth tobacco use and exposure. The site also includes a [media toolkit](#) with fact sheets, social media content and videos for communities and partners to use in their own communication efforts.

Free help for teens to quit using e-cigarettes is available by texting VAPEFREEMO to 873873 or at [YouCanQuit.org](#).

Educational Resources Available from the Prenatal Substance Use Prevention Program

The DHSS Prenatal Substance Use Prevention program is looking for an organization interested in housing lifelike infant manikins representing infants with Fetal Alcohol Syndrome (FAS), prenatal drug exposure, and healthy characteristics. Organizations can utilize the manikins to demonstrate the effects of prenatal substance use to promote healthy pregnancies. The drug-affected manikin demonstrates the effects of withdrawal. The FAS manikin features some of alcohol's devastating effects. Individuals visualize all three manikins together to compare the effects of prenatal substance use. The manikins are provided at no cost and host organizations will be required to complete a bi-annual five question survey. If your organization is interested in housing the manikins, or if you know of another organization that might be interested, please email Megan Hammann at Megan.Hammann@health.mo.gov.

New Suicide Prevention and 988 Guide for Missouri Schools

The Missouri Suicide Prevention Network (MSPN) is proud to launch the Suicide Prevention & 988 Guide for Missouri Schools. This guide is intended for school personnel to utilize suicide prevention, intervention and crisis response services, and postvention resources to better address and meet the needs of schools across the state.

MSPN is an independent, non-partisan, voluntary group comprised of and working with several partners from the public and private sectors to lead statewide suicide prevention efforts. One of MSPN's committees, the Suicide Prevention in Schools Committee, reflects on current data trends, formulates plans, and serves as a vital resource for Missouri schools and youth-serving organizations in order to help reduce suicide among youth and young adults. The committee identified that Missouri has an abundance of resources available to schools, including the Department of Elementary and Secondary Education's (DESE) Youth Suicide Awareness and Prevention Model Policy and the Missouri School Counselor Association (MSCA) Crisis Manual. However, it can be unclear how to implement those policies and protocols within school settings. To address this need, the [Suicide Prevention & 988 Guide for Missouri Schools](#) was created. In addition to this guide, the Missouri Department of Mental Health (DMH) is making available the [988 Suicide & Crisis Lifeline toolkit](#) for schools to promote this life-saving resource on their campuses and encourage students to seek help. The toolkit is also available to order [here](#).

You can help spread the word about these important resources by sharing with school personnel and youth-serving organizations, groups, and related communities.

continued on page 9

Unwinding the COVID-19 Public Health Emergency: Implications for Medicaid Coverage for the MCH Populations in Missouri

The federal Public Health Emergency (PHE), declared by the U.S. Department of Health and Human Services (HHS) in March 2020, expired on May 11, 2023, and the Medicaid continuous enrollment requirement ended on March 31, 2023. All Medicaid enrollees, including children, must be re-determined for eligibility within a one-year period, beginning April 1, 2023 and ending March 31, 2024. This [letter](#) from Dr. Michael Warren, Associate Administrator of the Maternal Child Health Bureau at HRSA, contains additional information on unwinding the continuous enrollment requirement. This related AMCHP [Fact Sheet](#) will also help MCH professionals and advocates support families through this uncertain time and ensure MCH populations have continuity of coverage through the Medicaid redetermination process.

With Missouri having resumed reviewing all Medicaid enrollees' eligibility, those found ineligible may lose coverage. Eligible individuals and families—especially pregnant and postpartum women, people of color and children—are at risk of losing coverage during the unwinding process. Despite remaining eligible for Medicaid or becoming eligible for other types of low-cost coverage, children and families may lose coverage due to procedural reasons (such as not responding to a mailed request for verification by the state that may have gone to the wrong address). One of the most important reminders for families is to be sure to update their mailing address if it has changed since their last Medicaid renewal before the pandemic. Remind individuals to update their contact information online or by phone at 855-373-4636.

More than 1.4 million Missourians have health care coverage through MO HealthNet and will be impacted by the return of annual renewals. Our partners at the Department of Social Services (DSS) are asking all of us—partners, advocates, providers and friends to help spread the word so Missourians can stay informed. Please consider reviewing the outreach materials from [DSS](#) and sharing with your communities. Three things MCH stakeholders can do include:

- Engaging with Medicaid and Children's Health Insurance Program (CHIP) enrollees about these changes.
- Assisting those who no longer qualify for Medicaid or CHIP and who may be able to get health coverage through the Health Insurance Marketplace.
- Using your interactions with individuals and families to share educational materials and information about these Medicaid updates.

Please see the MCH Resources and Tools section for additional links to resources.

Oral Health during Pregnancy

Good dental health is important at every stage of life, but even more so during pregnancy. Poor dental health and gum disease have been linked to pre-term births, low birthweight and preeclampsia. Hormonal changes during pregnancy can make gums more vulnerable to plaque—leading to [pregnancy gingivitis](#), which is inflammation and bleeding of the gums. The gums may look red, be swollen and may bleed when an individual brushes their teeth. To ensure good dental health during pregnancy, women should visit the dentist regularly (dental visits are safe during pregnancy), brush teeth twice a day and floss daily. In addition, pregnant women should also practice other healthy behaviors such as eating healthy foods, exercising, and quitting tobacco, drugs and alcohol use. Read more about oral health and pregnancy on the [DHSS Office of Dental Health webpage](#).

Call for Proposals for the 2024 AMCHP Annual Conference

Call for Proposals for the 2024 AMCHP Annual Conference is now open. The conference will be April 13-16, 2024, virtual and in person. Next year's theme is *Partnering with Purpose*. Deadline for submission is Friday, November 3, 2023, at 11:59 p.m. PT. Submitters with completed submissions by this deadline will be notified of their session status by the end of December. [Click here](#) to learn more or contact Martha Smith, MCH Director, at Martha.Smith@health.mo.gov if you would like to discuss your proposal idea(s) and/or if we can support your submission in any way.

MCH RESOURCES AND TOOLS

Unwinding the COVID-19 PHE

- Fact sheet: The Unwinding of the COVID-19 Medicaid Continuous Coverage Requirement; [AMCHP](#)
- Webinar: Unwinding the PHE Medicaid Continuous Eligibility Provision: The Role of MCH Advocates; [Georgetown University Health Policy Institute Center for Children and Families \(CCF\)](#)
- toolkit: Enrolling In Health Coverage; [Organizing for Outreach](#)
- Missouri Department of Social Services:
 - Report: [Missouri's Plan for Resuming Medicaid Renewals](#)
 - Toolkit: [Annual Renewal Communications Toolkit](#)
 - Outreach Material: [Medicaid Annual Renewals: Outreach Material](#)
- Webpage: [Unwinding and Returning to Regular Operations after COVID-19: Centers for Medicare & Medicaid Services](#)
- Webpage: [Unwinding Continuous Coverage: Georgetown CCF](#)

2023 Black Maternal Health Week Webinar Recordings

- BMMA:
 - Webinar: [Celebrating the Birthing Journey: Baby Dove, Sista Midwife Productions, and BMMA](#)
 - Webinar: [Restoring Black Autonomy and Joy through Innovative Research Practice](#)
- National Birth Equity Collaborative
 - Webinar: [Not Without You: How can we learn from each other?](#)
 - Webinar: [Valuing Black Voices](#)

AMCHP: MCH Bridges

You can listen to new episodes of the MCH Bridges Podcast:

- [Episode 12](#): We Need to Start Talking About Stillbirth
- [Episode 13](#): Healing Through Breastfeeding: Honoring the Past, Investing in the Future
- [Episode 14](#): The Joy of Autism: A New Way of Thinking
- [Episode 15](#): Youth Perspectives on Mental Health: Supporting the Next Generation

Advancing Health

You can listen to Advancing Health, a podcast from the American Hospital Association.

- [April 12](#): Doulas: a Strategy to Address Maternal and Infant Health
- [June 12](#): Aligning Health Equity and Community Health Goals
- [June 16](#): The Role of Fathers in Maternal and Child Health

Mental Health Hotlines

- Missouri 988 Suicide and Crisis Lifeline
- 1-833-9-HELP4MOMS-Maternal Mental Health Hotline



MISSOURI DEPARTMENT OF
HEALTH AND SENIOR SERVICES
Title V Maternal Child Health Block Grant
P.O. Box 570 • Jefferson City, MO 65102
Health.Mo.Gov

You received this message because you are identified as a maternal child health stakeholder. This newsletter is produced quarterly by the MCH/Title V team at the Department of Health and Senior Services. Email Nina.nganga@health.mo.gov to request inclusion of your event, resource or update in our eNewsletter.